

FWR NUMBER:	
DATE FWR ASSIGNED:	
1. INITIATION DATE:	
NEED DATE:	

2. BUILDING(S):	3. ROOM(S)/OTHER:	4. EQUIPMENT ID# (IF KNOWN):	5. INFORMATION ATTACHED:  <input type="checkbox"/> YES <input type="checkbox"/> NO
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6. POINT OF CONTACT (OFFICE SYMBOL/NAME):	7. PHONE NUMBER:	8. BUILDING:	9. ROOM:	10. FUND SOURCE:

11. DESCRIPTION OF WORK:	
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13. TYPED NAME OF AUTHORIZING OFFICIAL AND OFFICE SYMBOL:	14. SIGNATURE OF AUTHORIZING OFFICIAL:
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15. PROJECT MANAGER'S PHONE:	16. PROJECT MANAGER'S SIGNATURE/DATE:	17. CO RELEASE FOR QUOTE/DATE:

18. SAFETY OFFICE/DATE:	19. DESIGN/NEED DATE:	20. SECURITY OFFICE/DATE:	21. OPER. AND MAINT./DATE:
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22. DESIGN REQUIRED:  <input type="checkbox"/> YES <input type="checkbox"/> NO	23. ENGINEERING/DATE:	24. CONSTRUCTION/DATE:	25. ENVIRONMENTAL OFFICE/DATE:	26. OTHER/DATE:
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27. FUND:	28. FUND CENTER:	29. COST CENTER:	30. WBS ELEMENT:	31. DELIVERY ORDER NO.: H- D	32. RESOURCE OFFICE VERIFICATION:
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33. ☐ APPROVAL ☐ DISAPPROVAL

34. REASON FOR DISAPPROVAL:

35. TYPED NAME OF APPROVING OFFICIAL:	36. SIGNATURE OF APPROVING OFFICIAL/DATE:
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# INSTRUCTIONS

Complete blocks 1 (NEED DATE ONLY) through 14, DO NOT write in other parts of the form.

1. Enter need date (date work is to be completed) other information in this block will be completed by Work Control Office.
2. Enter building number where work is to be performed.
3. Enter room number or location where work is to be performed.
4. Enter equipment number, if applicable.
5. Indicate if attachments are included by checking "Yes" or "No."
6. Provide a point of contact/office symbol for additional information. This should be the person most knowledgeable of the specific work being requested.
7. Enter the point of contact's phone number.
8. Enter the point of contact's building number.
9. Enter the point of contact's room number.
10. Enter fund source.
11. Describe the work to be performed. BE SPECIFIC. Information provided must be completed and state all requirements. Additional sheets for description, drawings, or sketches may be attached, if necessary. A fixed price for the work will be provided for approval prior to authorization to proceed with work. Changes or additions to the requirements may result in delayed completion and increased cost.
12. State why the work is requested. Include specific statement when one of the following conditions exists:
  - (a) The work is required to eliminate an imminent danger (threat of death by physical injury) to personnel.
  - (b) A high degree of probability exists that the condition, if uncorrected, could lead to personal injury or cause extensive damage to equipment or facilities.
  - (c) The requested work or repair is required to restore a facility to operational status, and failure to perform the work on an expedited basis will result in disruption or delay of a mission, major operational test, or mission support effort. The specific operation or program impacted and the schedule dates must be cited.
13. Type in name of authorizing official and office symbol.
14. Must be signed by person authorized in accordance with MPR 8812.1.
15. The Facilities Work Request has digital signature capability. This capability requires MSFC Public Key Infrastructure (PKI) registration. For instructions on this process go to:

<http://PKI.msfc.nasa.gov>

MPG 8812.1 was updated to MPR 8812.1 (July 2008)